

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF PENNSYLVANIA

STEVEN HALLE,
*on behalf of himself and all other employees similarly
situated,*

Plaintiffs,

v.

WEST PENN ALLEGHENY HEALTH SYSTEM
INC., THE WESTERN PENNSYLVANIA
HEALTHCARE SYSTEM, INC., ALLE-KISKI
MEDICAL CENTER, ALLEGHENY GENERAL
HOSPITAL, ALLEGHENY GENERAL HOSPITAL –
SUBURBAN CAMPUS, CANONSBURG GENERAL
HOSPITAL, THE WESTERN PENNSYLVANIA
HOSPITAL, THE WESTERN PENNSYLVANIA
HOSPITAL – FORBES REGIONAL CAMPUS,
ALLEGHENY MEDICAL PRACTICE NETWORK,
ALLEGHENY SPECIALTY PRACTICE NETWORK,
WEST PENN PHYSICIAN PRACTICE NETWORK,
ALLEGHENY SIGNER RESEARCH INSTITUTE,
HIGHMARK, INC., ALLEGHENY HEALTH
NETWORK, JOHN W. PAUL, BART METZGER,
CHRISTOPHER T. OLIVIA, and JOHN LASKY.

Defendants.

CONSENT TO BECOME A
PARTY PLAINTIFF

Civil Action

No. 2:13-cv-01449-CB

Plaintiffs hereby file consent to become a party plaintiff signed by: JAMES MARTIS
and VICTORIA ROBINSON

THOMAS & SOLOMON LLP

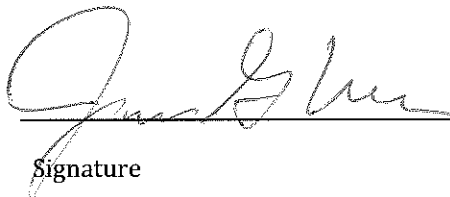
By: /s/ J. Nelson Thomas
J. Nelson Thomas, Esq. (PA#209852)
Justin M. Cordello, Esq. (PA#209838)
Attorneys for Plaintiffs and Collective Action Members
693 East Avenue
Rochester, New York 14607
Telephone: (585) 272-0540
nthomas@theemploymentattorneys.com
jcordello@theemploymentattorneys.com

CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action for unpaid wages, including overtime wages and related relief against my employer(s), including Allegheny Health Network and/or Highmark-West Penn Allegheny Health System, and any related entity or person, on behalf of myself and other former and current employees of the employer(s).

I wish to preserve and pursue any claim that I may have to the greatest extent possible. Therefore, I expressly consent to the use of this consent form for purposes of making me a party plaintiff in any lawsuit and/or lawsuits that plaintiffs' attorneys have brought and/or may bring on behalf of myself and other employees alleged to be similarly situated.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

 10/10/13
Signature Date


James G Martis
Print Full Legal Name

CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action for unpaid wages, including overtime wages and related relief against my employer(s), including Allegheny Health Network and/or Highmark-West Penn Allegheny Health System, and any related entity or person, on behalf of myself and other former and current employees of the employer(s).

I wish to preserve and pursue any claim that I may have to the greatest extent possible. Therefore, I expressly consent to the use of this consent form for purposes of making me a party plaintiff in any lawsuit and/or lawsuits that plaintiffs' attorneys have brought and/or may bring on behalf of myself and other employees alleged to be similarly situated.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

 10/14/13

Signature

Date

VICTORIA L. ROBINSON

Print Full Legal Name